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L2 and growth factor	5

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JPO Abstracts Database
EPO Abstracts Database
Derwent World Patents Index
IBM Technical Disclosure Bulletins

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Search History

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Set Name side by side	Query	Hit Count	Set Name result set
DB=USPT; PLUR=YES; OP=ADJ			
L3	L2 and growth factor	5	L3
L2	erectile dysfunction.ab.	110	L2
DB=TDBD; PLUR=YES; OP=ADJ			
L1	erectile dysfunction.ab.	0	L1

END OF SEARCH HISTORY

=> d 1-3

L4 ANSWER 1 OF 3 EMBASE COPYRIGHT 2002 ELSEVIER SCI. B.V.
AN 2002247489 EMBASE
TI Pharmacological aspects of **erectile dysfunction**.
AU Thomas J.A.
CS J.A. Thomas, 219 Wood Shadow, San Antonio, TX 78216, United States. JAT-TOX@SWBell.net
SO Japanese Journal of Pharmacology, (2002) 89/2 (101-112).
Refs: 122
ISSN: 0021-5198 CODEN: JJPAAZ
CY Japan
DT Journal; General Review
FS 030 Pharmacology
028 Urology and Nephrology
038 Adverse Reactions Titles
036 Health Policy, Economics and Management
017 Public Health, Social Medicine and Epidemiology
037 Drug Literature Index
029 Clinical Biochemistry
039 Pharmacy
LA English
SL English

L4 ANSWER 2 OF 3 EMBASE COPYRIGHT 2002 ELSEVIER SCI. B.V.
AN 2001416623 EMBASE
TI Neurogenic **erectile dysfunction**.
AU Lue T.F.
CS Dr. T.F. Lue, University of California, San Francisco Department of Urology, UCSF San Francisco, San Francisco, CA 94143-0738, United States. tlue@Urol.ucsf.edu
SO Clinical Autonomic Research, (2001) 11/5 (285-294).
Refs: 98
ISSN: 0959-9851 CODEN: CAURE
CY United States
DT Journal; General Review
FS 006 Internal Medicine
008 Neurology and Neurosurgery
028 Urology and Nephrology
036 Health Policy, Economics and Management
037 Drug Literature Index
LA English
SL English

L4 ANSWER 3 OF 3 EMBASE COPYRIGHT 2002 ELSEVIER SCI. B.V.
AN 2000257064 EMBASE
TI Male sexual dysfunction - The new millennium.
AU Donatucci C.F.
CS Dr. C.F. Donatucci, Duke University Medical Center, Box 3274, Durham, NC 27710, United States. donat001@mc.duke.edu
SO Current Opinion in Urology, (2000) 10/4 (313-317).
Refs: 44
ISSN: 0963-0643 CODEN: CUOUEQ
CY United Kingdom
DT Journal; General Review
FS 028 Urology and Nephrology
037 Drug Literature Index
038 Adverse Reactions Titles
LA English

L6 ANSWER 1 OF 19 MEDLINE

AB **Erectile dysfunction** (ED) is estimated to impact more than 150 million men this year worldwide. An understanding of the pathophysiology of ED both furthers the basic scientific knowledge of disease processes and provides a rational design of pharmacotherapy. At present, there are two major views regarding the pathophysiology of ED. In the first hypothesis, the oxygen tension-dependent changes in the penis during erection are proposed to impact corpus cavernosum structure by inducing various cytokines, vasoactive factors and **growth factors** at the two different oxygen tensions (flaccidity and erection) which, in turn, alter smooth muscle metabolism and connective tissue synthesis. Decreases in the corpus cavernosum smooth muscle/connective tissue ratio have been correlated with an increased likelihood of diffuse venous leak and a failure of the veno-occlusive mechanism in prospective patient studies. Evidence for such a hypothesis incorporates nocturnal penile tumescence and circadian changes in oxygenation as important in maintaining erectile health. The alternate hypothesis proposes that ED is the result of a metabolic imbalance between relaxatory and contractile processes within the trabecular smooth muscle such that contractile processes predominate. Based on this hypothesis, therapy can be accomplished via drugs which shift this balance towards vasodilatation, or by gene therapy approaches to supplement the deficient components favoring smooth muscle relaxation. Both of these hypotheses predict a management strategy for ED that impacts pharmacotherapeutics. In this **review** of the pathophysiology of ED, each hypothesis will be examined and a synthesis devised incorporating both views. The future of research in this area as well as pharmacotherapy in ED in terms of pathophysiology is discussed including the merits and drawbacks of prophylaxis and prevention of ED. International Journal of Impotence Research (2000) 12, Suppl 4, S39-S46.

=> dup rem l6
PROCESSING COMPLETED FOR L6
L7 17 DUP REM L6 (2 DUPLICATES REMOVED)

=> d 1-7 bib ab

L7 ANSWER 1 OF 17 EMBASE COPYRIGHT 2002 ELSEVIER SCI. B.V.

AN 2002131131 EMBASE

TI Is obesity a risk factor for prostate cancer, and does it even matter? A hypothesis and different perspective.

AU Moyad M.A.

CS M.A. Moyad, University of Michigan Med. Center, Department of Urology, 1500 East Medical Center Drive, Ann Arbor, MI 48109-0330, United States. moyad@mich.edu

SO Urology, (2002) 59/4 SUPPL. 1 (41-50).
Refs: 135
ISSN: 0090-4295 CODEN: URGYAZ

PUI S 0090-4295(01)01175-X

CY United States

DT Journal; General Review

FS 016 Cancer
017 Public Health, Social Medicine and Epidemiology
028 Urology and Nephrology

LA English

SL English

AB Measurement of obesity is not as simple as its definition. Currently, several methods of measuring obesity are used in clinical studies. Skinfold thickness, crude weight, lean body mass (LBM), body mass index (BMI), and waist-to-hip ratio (WHR) are some of the more popular methods, but each contains its inherent strengths and flaws. In general, the results of the largest studies on prostate cancer and obesity have not been conclusive. One of the largest studies found an inverse relation to

prostate cancer in the youngest age groups. The age and duration of obesity or any rapid changes in weight gain, along with other unhealthy exposures, may have some relation to prostate cancer incidence and mortality. Early intrinsic or extrinsic exposure to estrogen or estrogenlike compounds may provide a protective effect. The timing and duration of a higher estrogen and/or lower testosterone exposure may have a beneficial or detrimental impact on the prognosis of an established prostate tumor. Negative exposures over time such as low levels of sex hormone-binding globulin (SHBG), a greater exposure to **growth factors**, elevated insulin levels, greater sympathetic activity, higher cholesterol levels, immune system dysfunction, inadequate diets, smoking status, and other factors may be associated with an increased risk of prostate cancer and other diseases. Obesity may also be associated with other cancers for similar and different reasons. For example, morbidity and mortality from postmenopausal breast cancer, colon, kidney, and other cancers are potentially associated with obesity. Other comorbidities such as cataracts, coronary heart disease, diabetes, **erectile dysfunction**, hypertension, and others are also associated with obesity. The 2 largest prospective studies on BMI and overall mortality have also demonstrated the substantial negative impact of excess weight on society. Prostate cancer risk and obesity need further research to establish if a true association exists, but at this time, does it really matter? Overall, the profound adverse effect of being obese on general health is dramatic, and this is what clinicians and patients need to remember. .COPYRGT. 2002 Elsevier Science Inc.

L7 ANSWER 2 OF 17 EMBASE COPYRIGHT 2002 ELSEVIER SCI. B.V.
AN 2002227244 EMBASE
TI Hormonal therapy for prostate cancer: Past, present and future.
AU El-Rayes B.F.; Hussain M.H.
CS M.H. Hussain, Division of Hematology and Oncology, Barbara Ann Karmanos Cancer Inst., Wayne State University, 4100 John R Street, Detroit, MI 48201, United States. hussainm@karmanos.org
SO Expert Review of Anticancer Therapy, (2002) 2/1 (37-47).
Refs: 94
ISSN: 1473-7140 CODEN: ERATBJ
CY United Kingdom
DT Journal; General Review
FS 016 Cancer
028 Urology and Nephrology
030 Pharmacology
037 Drug Literature Index
038 Adverse Reactions Titles
039 Pharmacy
LA English
SL English
AB Prostate cancer is the second leading cause of cancer mortality in men in the USA. For the past six decades, hormonal therapy has been the main treatment of advanced prostate cancer. Hormonal therapy has developed from a surgical procedure to a complex pharmacological treatment. Trials comparing the efficacy of different monotherapies have demonstrated the equivalence of DES, LHRH agonists and orchiectomy. Combined androgen blockade has been compared with monotherapy. However, the results of the different trials have been conflicting. Novel hormonal therapy schedules involving intermittent treatment and peripheral androgen blockade are currently in clinical trials. The role of hormonal therapy in locally advanced disease as part of a multimodality therapy is a new and rapidly developing aspect of hormonal therapy. The mechanism of hormone refractoriness in prostate cancer is an active area of basic science and translational research.

L7 ANSWER 3 OF 17 CAPLUS COPYRIGHT 2002 ACS DUPLICATE 1
AN 2001:467761 CAPLUS
DN 136:256493

TI Gene therapy strategies for urological dysfunction
AU Chancellor, M. B.; Yoshimura, N.; Pruchnic, R.; Huard, J.
CS Department of Urology, University of Pittsburgh School of Medicine, Pittsburgh, PA, 15213, USA
SO Trends in Molecular Medicine (2001), 7(7), 301-306
CODEN: TMMRCY; ISSN: 1471-4914
PB Elsevier Science Ltd.
DT Journal; General Review
LA English
AB A **review** is given. Novel mol. techniques such as conventional and ex vivo gene therapy, and tissue engineering have only recently been introduced to the field of urol. The lower urinary tract is ideally suited for minimally invasive therapy, and also ex vivo approaches would limit the risk of systemic side effects. Muscle-derived stem cells were used successfully to treat stress incontinence, and rats with diabetic bladder dysfunction benefited from nerve **growth factor** (NGF)-based gene therapy. Nitric oxide synthase and caspase-7 might provide suitable gene therapy targets for **erectile dysfunction** and benign prostatic hyperplasia, resp.
RE.CNT 41 THERE ARE 41 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L7 ANSWER 4 OF 17 EMBASE COPYRIGHT 2002 ELSEVIER SCI. B.V.
AN 2001437739 EMBASE
TI Obesity, interrelated mechanisms, and exposures and kidney cancer.
AU Moyad M.A.
CS M.A. Moyad, Univ. of Michigan Medical Center, Department of Surgery, 1500 East Medical Center Dr, Ann Arbor, MI 48109-0330, United States
SO Seminars in Urologic Oncology, (2001) 19/4 (270-279).
Refs: 137
ISSN: 1081-0943 CODEN: SUONFC
CY United States
DT Journal; General Review
FS 016 Cancer
028 Urology and Nephrology
LA English
SL English
AB Obesity has been shown to increase the risk or be associated with numerous conditions from cardiovascular disease and type II diabetes to **erectile dysfunction** and osteoarthritis. Obesity may also be associated with numerous cancers, and kidney cancer or renal-cell cancer (RCC) may have one of the strongest correlations to obesity compared with cancer at any other site. Almost every epidemiologic investigation has demonstrated an association that tends to affect women more than men, but both genders are impacted. In general, past studies suggest that with increasing weight, a threshold point exists whereby a certain range of body mass index dramatically changes risk. Men and women at the most extreme ends of obesity tend to have the highest risk or only risk in past studies. Individuals at the more extreme ends of obesity may be affected by an almost indefinite number of mechanisms and exposures that could determine incidence and possibly prognosis. For example, higher estrogen levels, elevated insulin levels, a greater concentration of **growth factors** in adipose tissue, hypertension, cholesterol metabolism abnormalities, and immune malfunction are just some of the potential mechanisms that may increase kidney cancer risk. Obese individuals may also have lower serum levels of vitamin D and engage in less physical activity. Smoking or genetic predisposition to RCC may synergistically contribute to the effect of obesity on risk. The potential mechanisms and associations are numerous and complex. Regardless of the actual cancer risk now and in the future, the overall effect of obesity on general health is clear, and this should be kept in mind in the discussion between health professional and patient. Copyright .COPYRGT. 2001 by W.B. Saunders Company.

L7 ANSWER 5 OF 17 EMBASE COPYRIGHT 2002 ELSEVIER SCI. B.V.
AN 2001354149 EMBASE
TI Aging men - Challenges ahead.
AU Lunenfeld B.
CS Prof. B. Lunenfeld, Faculty of Life Sciences, Bar-Ilan University, 7 Rav Ashi St., 69395 Tel Aviv, Israel. blunenf@attglobal.net
SO Asian Journal of Andrology, (2001) 3/3 (161-168).
Refs: 10
ISSN: 1008-682X CODEN: ASJAF8
CY China
DT Journal; General Review
FS 003 Endocrinology
017 Public Health, Social Medicine and Epidemiology
020 Gerontology and Geriatrics
028 Urology and Nephrology
036 Health Policy, Economics and Management
037 Drug Literature Index
LA English
SL English
AB The prolongation of life expectancy and the drastic reduction of fertility rate are the primary cause of an aging world. It is projected that the elderly (above 65) will increase within the next 25 years by 82%, whereas the new born only by 3%. Despite the enormous medical progress during the past few decades, the last years of life are still accompanied by increasing ill health and disability. The ability to maintain active and independent living for as long as possible is a crucial factor for aging in health and dignity. Therefore, the promotion of healthy aging and the prevention of disability in men, must assume a central role in medical research and medical practice as well as in the formulation of national health and social policies. Effective programs promoting health and aging will ensure a more efficient use of health and social services and improve the quality of life in older persons by enabling them to remain independent and productive. The most important and drastic gender differences in aging are related to organs and or systems dependant or influenced by reproductive hormones. In distinction to the course of reproductive aging in women, with the rapid decline in sex hormones and expressed by the cessation of menses, aging men experience a slow and continuous decline of hormones. This decline in endocrine function involves: A decrease of testosterone, dehydroepiandrosterone (DHEA), oestrogens, thyroid stimulating hormone (TSH), growth hormone (GH), insulin-like **growth factor**-1 (IGF-1), and melatonin.
This decrease is concomitant with an increase of LH and FSH. In addition sex hormone binding globulin's (SHBG) increase with age resulting in further lowering the concentrations of free biologically active androgens. Interventions such as hormone replacement therapy may prevent, delay or alleviate the debilitating conditions which may result from secondary partial endocrine deficiency. Primary and secondary preventive strategies such as the promotion of a safe environment, healthy lifestyle including proper nutrition, appropriate exercise, avoidance of smoking, avoidance of drug and alcohol abuses, if done effectively, should result in a significant reduction of the health and social costs, reduce pain and suffering, increase the quality of life of the elderly and enable them to remain productive and contribute to the well-being of society. In light of this, public awareness of medical knowledge needs to be increased and basic, clinical, socio-economic and epidemiological research intensified.

L7 ANSWER 6 OF 17 CAPLUS COPYRIGHT 2002 ACS
AN 2001:285584 CAPLUS
DN 135:200251
TI Engineering of cells and tissues for treatment of **erectile dysfunction**
AU Atala, A.
CS Center for Genitourinary Tissue Reconstruction, and Laboratory for Tissue Engineering and Cellular Therapeutics, Department of Urology, Children's

Hospital and Harvard Medical School, Boston, MA, USA
SO World Journal of Urology (2001), 19(1), 67-73
CODEN: WJURDJ; ISSN: 0724-4983
PB Springer-Verlag
DT Journal; General Review
LA English
AB A **review** with 41 refs. Topics discussed include the reconstruction of corporal smooth muscle, endothelial cell expansion and characterization, engineering of corporal smooth muscle and endothelium in vivo, tissue engineering of structural corporal tissue; engineered clitoral tissue, engineered penile prostheses, the use of engineered cells for the secretion of **growth factors**, and future directions.
RE.CNT 41 THERE ARE 41 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L7 ANSWER 7 OF 17 EMBASE COPYRIGHT 2002 ELSEVIER SCI. B.V.
AN 2000325331 EMBASE
TI [Pharmacotherapeutic compass 2000/2001].
FARMACOTHERAPEUTISCH KOMPAS 2000/2001.
AU Taspinar A.
CS A. Taspinar, College voor Zorgverzekeringen, Commissie Farmaceutische Hulp, Postbus 396, 1180 BD Amstelveen, Netherlands
SO Nederlands Tijdschrift voor Geneeskunde, (9 Sep 2000) 144/37 (1774-1778).
Refs: 15
ISSN: 0028-2162 CODEN: NETJAN
CY Netherlands
DT Journal; General Review
FS 017 Public Health, Social Medicine and Epidemiology
037 Drug Literature Index
LA Dutch
SL English; Dutch
AB The Commission Pharmaceutical Help of the Health Care Insurance Board uses the Pharmacotherapeutical compass to inform the medical profession annually about medical drugs. - In the 2000/2001 edition the most important alterations are changes in the introductions of: antidepressants, medicines for peptic disorders, medicines for rheumatoid arthritis and osteoarthritis, haematopoietic **growth factors**, anticonvulsants, medicines for Parkinson, medicines for congestive heart failure, antiretroviral medicines, medicines for osteoporosis, short acting insuline-analogues and oral antihyperglycaemics. - The introductions about Horton's neuralgia and **erectile dysfunction** are new. - For some (new) medicines recommendations are made, for the antidepressants and medicines for peptic disorders some recommendations have been changed.

> d 1-5

L4 ANSWER 1 OF 5 CAPLUS COPYRIGHT 2002 ACS
AN 2002:89855 CAPLUS
DN 136:129429
TI Methods and compositions for preventing and treating male **erectile dysfunction** and female sexual arousal disorder using VEGF, BDNF, or **bFGF**
IN Lue, Tom F.; Lin, Ching-Shwun; Kan, Yuet W.
PA USA
SO PCT Int. Appl., 79 pp.
CODEN: PIXXD2
DT Patent
LA English
FAN.CNT 1

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
PI WO 2002007757	A2	20020131	WO 2001-US22970	20010719

W: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, BZ, CA, CH, CN, CO, CR, CU, CZ, DE, DK, DM, DZ, EC, EE, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, MZ, NO, NZ, PL, PT, RO, RU, SD, SE, SG, SI, SK, SL, TJ, TM, TR, TT, TZ, UA, UG, UZ, VN, YU, ZA, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM
RW: GH, GM, KE, LS, MW, MZ, SD, SL, SZ, TZ, UG, ZW, AT, BE, CH, CY, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, TR, BF, BJ, CF, CG, CI, CM, GA, GN, GQ, GW, ML, MR, NE, SN, TD, TG

PRAI US 2000-220031P P 20000721

L4 ANSWER 2 OF 5 BIOSIS COPYRIGHT 2002 BIOLOGICAL ABSTRACTS INC.
AN 2002:422159 BIOSIS
DN PREV200200422159
TI Nitric oxide synthase and angiogenic growth factor expressions in the penis of an animal model of type 2 diabetes.
AU Jesmin, Subrina (1); Sakuma, Ichiro (1); Hattori, Yuichi; Kitabatake, Akira (1)
CS (1) Department of Cardiovascular Medicine, Hokkaido University Graduate School of Medicine, Sapporo, 060-8638 Japan
SO Nitric Oxide, (June, 2002) Vol. 6, No. 4, pp. 406.
http://www.academicpress.com/nox. print.
Meeting Info.: Second International Conference on Biology, Chemistry and Therapeutic Applications Prague, Czech Republic June 16-20, 2002
ISSN: 1089-8603.
DT Conference
LA English

L4 ANSWER 3 OF 5 CAPLUS COPYRIGHT 2002 ACS
AN 2001:265259 CAPLUS
DN 134:276162
TI Method of treating **erectile dysfunction** by administering an angiogenic growth factor such as VEGF or active fragment or mimetic thereof
IN Donatucci, Craig; Miller, Julie M.
PA Duke University, USA
SO PCT Int. Appl., 39 pp.
CODEN: PIXXD2
DT Patent
LA English
FAN.CNT 1

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
PI WO 2001024809	A1	20010412	WO 2000-US26782	20000929

W: AU, CA, JP
RW: AT, BE, CH, CY, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL,

PT, SE
EP 1223957 A1 20020724 EP 2000-967083 20000929
R: AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LI, LU, NL, SE, MC, PT, IE, FI, CY
PRAI US 1999-157053P P 19991001
WO 2000-US26782 W 20000929
RE.CNT 3 THERE ARE 3 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L4 ANSWER 4 OF 5 CAPLUS COPYRIGHT 2002 ACS
AN 2001:167844 CAPLUS
DN 134:227368
TI Nitric oxide-producing polymeric hydrogel materials
IN Hill-West, Jennifer L.; Bohl, Kristyn Simcha
PA Rice University, USA
SO PCT Int. Appl., 38 pp.
CODEN: PIXXD2
DT Patent
LA English
FAN.CNT 1

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
PI WO 2001015738	A2	20010308	WO 2000-US24058	20000901
WO 2001015738	A3	20020131		

W: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, BZ, CA, CH, CN, CR, CU, CZ, DE, DK, DM, DZ, EE, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, MZ, NO, NZ, PL, PT, RO, RU, SD, SE, SG, SI, SK, SL, TJ, TM, TR, TT, TZ, UA, UG, UZ, VN, YU, ZA, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM
RW: GH, GM, KE, LS, MW, MZ, SD, SL, SZ, TZ, UG, ZW, AT, BE, CH, CY, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, BF, BJ, CF, CG, CI, CM, GA, GN, GW, ML, MR, NE, SN, TD, TG

EP 1194171 A2 20020410 EP 2000-959750 20000901
R: AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LI, LU, NL, MC, PT, IE, SI, LT, LV, FI, RO
PRAI US 1999-152054P P 19990902
WO 2000-US24058 W 20000901

L4 ANSWER 5 OF 5 MEDLINE DUPLICATE 1
AN 2001031661 MEDLINE
DN 20481610 PubMed ID: 11025772
TI Effect of a Chinese herbal medicine mixture on a rat model of hypercholesterolemic **erectile dysfunction**.
AU Bakircioglu M E; Hsu K; El-Sakka A; Sievert K D; Lin C S; Lue T F
CS Department of Urology, University of California San Francisco, School of Medicine, San Francisco, California, USA.
NC 2 R01 DK51374 (NIDDK)
SO JOURNAL OF UROLOGY, (2000 Nov) 164 (5) 1798-801.
Journal code: 0376374. ISSN: 0022-5347.
CY United States
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS Abridged Index Medicus Journals; Priority Journals
EM 200011
ED Entered STN: 20010322
Last Updated on STN: 20010322
Entered Medline: 20001121

=> d 1-5 ab

L4 ANSWER 1 OF 5 CAPLUS COPYRIGHT 2002 ACS
AB This invention relates generally to the field of urol. In particular, the

invention provides a method for preventing or treating male **erectile dysfunction** or female sexual arousal disorder, which method comprises administering an effective amt. of vascular endothelial growth factor (VEGF), brain-derived neurotrophic factor (BDNF), **basic fibroblast growth factor** (**bFGF**), or a functional deriv. or fragment thereof, or a nucleic acid encoding said VEGF, BDNF or **bFGF**, or functional deriv. or fragment thereof, or an agent that enhances prodn. and/or erection or sexual arousal stimulating function of said VEGF or BDNF or **bFGF** to a mammal, wherein such prevention or treatment is desirable, thereby preventing or treating said male **erectile dysfunction** of female sexual arousal disorder in said mammal. Combinations, combinatorial methods and kits for preventing or treating male **erectile dysfunction** or female sexual arousal disorder are also provided.

L4 ANSWER 2 OF 5 BIOSIS COPYRIGHT 2002 BIOLOGICAL ABSTRACTS INC.

L4 ANSWER 3 OF 5 CAPLUS COPYRIGHT 2002 ACS
AB The present invention relates, in general, to **erectile dysfunction** and, in particular, to a method of treating or preventing dysfunction of penile, clitoral or vaginal erectile tissue by administering an angiogenic growth factor, such as vascular endothelial growth factor (VEGF), or active fragment thereof or mimetic thereof.

L4 ANSWER 4 OF 5 CAPLUS COPYRIGHT 2002 ACS
AB Hydrogels releasing or producing NO, most preferably photopolymerizable biodegradable hydrogels capable of releasing physiol. amts. of NO for prolonged periods of time, are applied to sites on or in a patient in need of treatment thereof for disorders such as restenosis, thrombosis, asthma, wound healing, arthritis, penile **erectile dysfunction** or other conditions where NO plays a significant role. The hydrogels are typically formed of macromers, which preferably include biodegradable regions, and have bound thereto groups that are released in situ to elevate or otherwise modulate NO levels at the site where treatment is needed. The macromers can form a homo or hetero-dispersion or soln., which is polymd. to form a hydrogel material, that in the latter case can be a semi-interpenetrating network or interpenetrating network. Compds. to be released can be phys. entrapped, covalently or ionically bound to macromer, or actually form a part of the polymeric material. The hydrogel can be formed by ionic and/or covalent crosslinking. Other active agents, including therapeutic, prophylactic, or diagnostic agents, can also be included within the polymeric material.

L4 ANSWER 5 OF 5 MEDLINE DUPLICATE 1
AB PURPOSE: We examine the effect of a Chinese herbal medicine mixture on erectile function in a rat model of hypercholesterolemic **erectile dysfunction**. MATERIALS AND METHODS: In this study 32, 3-month-old Sprague-Dawley rats were used. The 8 control animals were fed a normal diet and the remaining 24 were fed 1% cholesterol diet for 4 months. After 2 months herbal medicine was added to the drinking water of the treatment group of 16 rats but not the cholesterol only group of 8. Of the 16 rats 8 received 25 mg./kg. per day (group 1) and 8 received 50 mg./kg. per day (group 2) of Chinese herbal medicine mixture. Serum cholesterol levels were measured at 2 and 4 months. At 4 months erectile function was evaluated with cavernous nerve electrostimulation in all animals. Penile tissues were collected for electron microscopy, and to perform Western blot for endothelial nitric oxide synthase, neuronal nitric oxide synthase, **basic fibroblast growth factor** (**bFGF**) and caveolin-1. RESULTS: Serum cholesterol levels were significantly higher in animals fed the 1% cholesterol diet compared to controls at 2 and 4 months. Nevertheless, there was no significant difference among group 1 (145 +/- 30 mg./dl.), group 2 (157 +/- 20) and the cholesterol only group (143 +/- 15). Systemic arterial

pressure was not significantly different between the animals that were fed the 1% cholesterol diet and the controls. During electrostimulation of the cavernous nerve peak sustained intracavernous pressure was significantly lower in the cholesterol only group (50 +/- 23 cm. H2O) compared to the control group. Conversely erectile function was not impaired in the herbal medicine treated rats. Electron microscopy showed many caveolae with fingerlike processes in the cavernous smooth muscle and endothelial cell membranes in control and treated rats but not in the cholesterol only group of rats. Western blot did not show a difference among groups in protein expression for endothelial nitric oxide synthase and neuronal nitric oxide synthase in penile tissue but caveolin-1 and **bFGF** protein expression was significantly higher in groups 1 and 2 than in the cholesterol only and control groups. CONCLUSIONS: Rats developed **erectile dysfunction** after being fed a 1% cholesterol diet for 4 months. Although serum cholesterol levels were similar in the cholesterol only rats and those treated with Chinese herbal medicine mixture, erectile response was significantly better in the treated group. The mechanism of the herbal medicine is unknown. High levels of **bFGF** and caveolin-1 expression in the treated group may protect the cavernous smooth muscle and endothelial cells from the harmful effect of high serum cholesterol.

=>